EHPD FORM #039
Rev. 02/28/17

OPS Case No._____

Date Assigned_____

EAST HARTFORD POLICE DEPARTMENT
CIVILIAN COMPLAINT FORM

For Office Use Only

Received by:	Date Received:	Time Received:	P.D. Case #:

Pre-complaint Interview Conducted Yes ( ) No ( )	Interviewed By:	Date:	Time:

Complainant's Name:	Address:	Phone: Home #: Work #:
Date of Incident:	Time:	Location:
Witness Name:	Address:	Phone:
Witness Name:	Address:	Phone:

Narrative description of complaint:

The above and/or attached complaint is the truth to the best of my knowledge and belief,

Signed_____

Subscribed and sworn to before me
this _____ day of _____ 20___

_____

Notary Public, Commissioner of the Superior Court, Police Supervisor in accordance with CGS §1-24.